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MEDICAL EDUCATION.

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THE subject of medical education can never be devoid of interest to the true physician, who will desire the elevation of his profession, not only as a matter of personal pride, but from the purest philanthropy. It is to that interest we appeal for an apology, if one be needed, for introducing the subject to the consideration of our readers; though the relations of our theme, both to the profession and the public, seem to place it beyond any such necessity.

We shall take it for granted that it is *the* aim of every medical school or college to accomplish, with the highest degree of efficiency, the object of its existence, viz., the education of its pupils for the purposes of their profession. Such being the aim and desire of *all* medical schools, none will object to a discussion of the methods by which that aim is sought to be accomplished; whether the present system is the best possible, or whether it may, and ought not to be, to a certain extent, modified to correspond with changes which have come into existence since the system itself began to have a being.

We shall at present content ourselves by referring to one of the methods of instruction, viz., the formal systematic courses of lectures delivered annually in all our medical colleges, to which, we are convinced, an undue importance is attached. The origin of our system of lectures dates from the revival of learning in the fifteenth century, when books were scarce and expensive; when a few master minds monopolized the learning of a continent, and swayed a sceptre over the opinions of men, for the time being, as arbitrary as the despotism of the Pope; when a few great schools were the only places where the student could gain a competent knowledge of his profession; where, and only where, he could be brought in contact with the best modes extant for the investigation of every subject connected with his studies; when outside of these centres of light and knowledge there were few or no facilities for

acquiring the requisite attainments. The question now occurs as to the propriety or necessity for continuing a system originating in a state of society totally unlike the present, and from circumstances not one of which exists to-day.

As yet, medical schools have been slow to acknowledge the propriety of any such change; not, we are bound to suppose, from any *selfish* considerations, but only from the desire to perform their functions in the best possible mode.

A medical school was formerly the "organ" of some commanding genius, whose teachings were the law to those who listened. To-day, a medical school professes to aim at setting forth the *science*, not as taught by one, but as accomplished by the labors of many. All the didactic parts of the profession are taught to-day in books. The pupil can find the whole theory in those volumes of *Practice* which have been issued so copiously of late, and which are almost as cheap as they are abundant. There exists, then, no longer any necessity for medical schools to teach the *theory* of medicine, nor what of the practice is *usually* taught. The only branches which medical schools have the ability to teach better than the private instructor, are Anatomy (demonstrated), Experimental Physiology, and Chemistry. To these branches we should add Pathological Anatomy; as, however, this is not erected into a special study by most colleges at present, we have not included it. As to all the other courses of lectures, we ask whether, aside from professional profit, any great gain is to be found over a course of quiet study; or whether the student is likely to find in the lectures of an ordinary teacher any instruction more valuable than he can find in almost any medical library, however small? These are questions, it seems to us, quite worthy of being considered, at least, by all who are desirous of seeing the profession prosper.

Our object is not to attack schools or lectures as they *may* exist, but as they actually do. Of the former we shall have somewhat to say presently. Every one knows what is required of the student attending a course of lectures. Commencing at 9, A.M., he must hear from four to six lectures, on as many different subjects; three days of the week he is required to devote two or three hours to a hurried round of the public wards of the hospital, if there be one attached to the college; other hours every day should be devoted to the business of dissecting; others to reading over notes or authors. Of the value of such a course continued for four or six months, it seems to us there is little to be said. Those who have been through it and conscientiously sought to make the most of it, to improve the opportunities, must know how very harassing such an endeavor is; and few but will acknowledge that they were not equal to a proper discharge of the labors laid upon them. If the lectures were intrinsically more valuable than any knowledge the pupil could acquire elsewhere, it would be

a sad loss; for how many of the students carry away anything but the merest fragments of the teaching of their instructors? Here is the evil against which we contend: that really and practically this is acknowledged to be of small importance, so that the student is required to buy tickets for a course of lectures, his knowledge of which will be tested by perhaps a dozen questions. Is not this a *sham* which the medical profession should be first to see, and, once seen, to destroy with a firm hand? If a course of lectures by any man is worth paying for, a knowledge of it should be enforced; whereas it is treated, practically, like the so-called *ornamental* branches at a boarding school—it is "*optional*" with the student whether he attends or not, and if he attends, whether he sleeps out his hour, or really knows what is said. Such a course is at least an injustice to the student, if we can say nothing stronger against its moral character.

Such are some of the objections against the present method of medical education, so far, at least, as it is attempted by the system of lectures. A brief glance at some possible improvements, and we have done for the present.

The great glory of a medical school is to present a long catalogue—the longer the catalogue, the more glory. Out of this rivalry springs one of the most objectionable features of the system we have condemned—the impossibility of testing the knowledge of the student by frequent and searching examinations.

It surely does not require demonstration to convince any one that the glory of a medical school should depend on the thorough qualifications, and not the numbers, of its graduates. But which seems to be most desired? The efforts are strenuous to enlarge the classes, but how earnest is the labor to educate them? Individual exceptions there doubtless are, but we believe that *generally* we are not far from the truth when we say that our schools are more desirous of numerous graduates than of superior qualifications.

Medicine is a science or art founded upon the observation and collation of particular facts; it has certain principles which are deduced therefrom, and these may be taught in the study as well as the lecture room; but the *practice* of medicine can only be taught properly and efficiently at the bed-side, from the actual "*case.*" We may demonstrate the principle from the "case," but not the "case" from the principle. As the science of medicine arose out of the generalization of many *instances*, so the physician owes his ability, not to the abstract principles he has mastered, but to the experience he has had, and the wisdom he has acquired thereby, *under* the guidance of general principles indeed, for it is far from our purpose to place the *theory* and practice of medicine in opposition. Now the change we desire to advocate in the education of medical students is, to increase the amount of *clini-*

cal teaching; so that instead of being subordinate, or entirely omitted, it may be held of equal importance, at least, with the theoretical.

The importance of clinical instruction has been acknowledged by some of our colleges; but how imperfectly is the principle carried out, even in the best of them, and how limited the instruction they afford! For instance: during the winter session of four months, the student is required, or *desired* rather, to attend the hospital physician once or twice a week in his rounds of some of the larger wards. In this way, doubtless, he sees numerous forms of disease, or rather *cases*, and he may acquire a sort of acquaintance with the physiognomy of some kinds of disease; but how very trifling the knowledge he can acquire at best, under these circumstances! To one who knows how minute and careful the study of disease ought to be, *this* kind of sight-seeing may well seem ridiculous. Then even *this* limited opportunity is made still more limited by the numbers of students who crowd around the beds, preventing anything more than the most cursory kind of examination. For, usually, one is obliged to secure and maintain a favorable position for seeing and hearing, by so large and constant an outlay of *physical force*, as to render the opportunity so gained well nigh void of good. Nevertheless, the fact that clinical teaching is thereby acknowledged to be desirable and important, we gratefully accept, in the hope that the difficulties in the way of a more extended application of the same mode of teaching may be smoothed away by increasing experience; that instead of being regarded as quite subordinate to the regular course of lectures, it shall be regarded as quite its equal in value.

We are aware how very imperfectly we have discussed the subject; but if it draws attention to a matter of deep and vital interest to the medical profession, we shall be satisfied. The justice of our argument, we are convinced, most will admit, however feebly it may have been enforced. RUSTICUS.

DR. EDWARD BROWN-SEQUARD'S EXPERIMENTAL AND CLINICAL RESEARCHES APPLIED TO PHYSIOLOGY AND PATHOLOGY.

[Continued from page 478, Vol. LVI.]

9TH. If there are contractions in the bloodvessels of the brain proper, as there are in the muscles of animal life, in the beginning of an epileptic seizure, it is very easy to explain the variety of sensorial and other cerebral symptoms of epilepsy. In the same way as there are *certain* muscles that contract in the neck, in the larynx, or elsewhere, we may admit that there are *certain* bloodvessels that contract either in some parts of the brain proper, or in the nervous portions of the organs of sense, and in consequence, there

is a trouble or loss of either one or several senses, or of the intellectual faculties, consciousness remaining more or less entire; or there is a successive loss of sight, of hearing, of the intellectual faculties, and, at last, of consciousness.

10th. It is well known that sometimes the compression of the carotid arteries stops a fit of epilepsy. Cases of this kind have been mentioned by Liston, Earle, Albers, &c. The same operation in certain animals, and particularly in rabbits in good health, is sometimes sufficient to cause convulsions, so that we are led to the question, How can the same circumstance in one case cause convulsions, and in another diminish or destroy them? My theory may give an explanation of this apparent opposition. Changes in the quantity of fluid in the cranio-spinal cavity cannot take place suddenly, and if there is a considerable diminution in the quantity of blood which enters this cavity, as is the case when the carotid arteries are compressed, there is necessarily a corresponding diminution in the quantity that goes out. The blood which reaches the encephalon by the vertebral arteries having to fill a much larger space, circulates more slowly and becomes much more charged with carbonic acid, and, besides, furnishes much less oxygen to the encephalon, so that if the compression of the carotid arteries be made in healthy animals, it causes convulsions, just as I have found that blood much charged with this acid injected into the carotid arteries, causes convulsions; whereas, if the compression of these arteries be made in man, during an epileptic seizure, there is at first usually a momentary increase in the intensity of the fit, and sometimes after one or two minutes, rarely sooner, a diminution in the violence of the convulsions, and in some cases, a complete cessation of these contractions. Those who have observed what takes place in animals when they are asphyxiated, have remarked that after violent convulsive struggles, while the blood is becoming more and more charged with carbonic acid, there is a diminution of the convulsions, and at last nothing but rare respiratory efforts. Carbonic acid, after having excited the vital properties of the nervous system, seems to destroy them gradually, allowing for a time, however, the production of respiratory movements. The compression of the carotid arteries in epileptics, during a fit, induces a state of asphyxia greater than that already existing, and in so doing, diminishes the vital properties so much that there are no more convulsions. Respiration taking place* then, and the bloodvessels of the brain proper relaxing, the whole encephalon receives more oxygenated blood, and the patient recovers in the same way, and by the same means that he does when the compression of the carotid is not employed in a fit.

* Of all the reflex phenomena, the regular inspiratory and expiratory movements are those which last the longest; it is so during agony resulting from any disease, it is so after chloroform or ether have been inhaled in large doses, it is so in asphyxia by hanging, drowning, &c., and it is so also in epilepsy.

The theory of epilepsy that we have arrived at from the examination of the phenomena of this disease, is not in opposition with any that we know; and, still more, we might easily show that it is in harmony with the most important facts concerning the causes, the variations of the symptoms, the consequences and the treatment of this convulsive affection. We will merely point out, in addition to what we have related above, that the production of epilepsy by lead (which is an excitant of contraction in bloodvessels), by loss of blood, &c., and the important relations of epilepsy with intermittent fever, are facts in perfect harmony with our theory.

We must now say a few words, 1st, on the production of the change in the cerebro-spinal axis, which chiefly constitutes epilepsy (*i. e.*, the augmentation of the reflex excitability); 2d, on the production of the change of certain parts of the skin, mucous membrane, &c., which renders these parts capable of exciting epileptic seizures; 3d, on the mode of production of a fit of epilepsy from excitations springing either from a peripheric part or a central part of the nervous system; 4th, on the consequences of an epileptic seizure, and on the inter-paroxysmal state.

1st. The production of a change in the reflex excitability of the cerebro-spinal axis we think may take place in two different ways, one of which is a *direct* abnormal nutrition, as in syphilitic, scrofulous or rheumatic epilepsy, while the other is an *indirect* abnormal nutrition, due to some excitation from a peripheric or a central part of the nervous system. The *modus operandi* of such excitations we do not know positively, but very likely, in a number of cases, at least, it is through the bloodvessels of the cerebro-spinal axis that these excitations operate to change the nutrition of this nervous axis. We have ascertained that many substances which act upon the spinal cord, either in increasing its reflex faculty (such are strychnia, morphia, &c.), or in diminishing it (such are belladonna, ergot of rye, &c.), produce their effect chiefly by their influence on the bloodvessels of this nervous centre. When they excite the bloodvessels to contract, they diminish nutrition, and cause paralysis; when they diminish the contractility of the bloodvessels, and therefore allow them to dilate, there is more blood in the spinal cord, and its nutrition is increased. Then the reflex faculty becomes greater, and irritations may cause convulsions. In animals and men, not having taken any of these substances, the reflex excitability of the cerebro-spinal axis may be increased in the following ways. An excitation on some part of the nervous system causes a contraction of the small bloodvessels of a part of the cerebro-spinal axis, and as the same quantity of blood still arrives by the various arteries in the cerebro-spinal cavity, it results that if the small ramifications of some arterial branches are contracted, the others receive more blood, so that nutrition, and, in consequence, the reflex excitability, augment in the parts to which

they are distributed. But this is not likely to be the most frequent mode of increase of nutrition. We have found that when a vascular nerve is excited for a long while, the contraction of the blood-vessels after a certain time ceases, and a dilatation takes place, which lasts longer than the contraction, although the nerve is still excited: this is a paralysis by excess of action. In the nervous centres, very likely this paralysis of the bloodvessels supervenes also after considerable contractions, and in consequence of this paralysis, nutrition is increased in the parts of these centres where it exists, as we have found that nutrition is increased in the nerves and muscles of the face, when their bloodvessels are paralyzed. With the increase of nutrition in the nervous centres comes the augmentation of the reflex excitability, which seems to be the principal element of epilepsy.

Besides these causes, there is another of greater importance, which may exist when they do not: the nerve-fibres animating the bloodvessels of the parts of the cerebro-spinal axis where epilepsy has its seat, may be paralyzed as the nerve-fibres of the muscles of animal life are by a disease of some part of the nervous centres, and the consequence of this paralysis is necessarily an increase of nutrition and of reflex excitability. This is a fact which we have positively ascertained; the section of a lateral half of either the medulla oblongata or the spinal cord is the cause of paralysis of the bloodvessels of the cord on the same side, the consequence of which paralysis is that nutrition and the reflex excitability of the cord become much increased. When the spinal cord is cut across entirely, in mammals as well as in cold-blooded animals, the part separated from the encephalon has its bloodvessels paralyzed, and therefore dilated. Nutrition and the reflex excitability are soon much increased in this part, and it is sufficient to touch the skin or the mucous membrane of the genital organs, or of the anus, to determine violent spasms.* This cause of production of epilepsy, or at least of an increased reflex excitability, must exist in a very great degree in cases of tumors of the pons Varolii, or of the medulla oblongata, and if they do not cause this convulsive affection more often it is very probably because the moral and the emotional excitation of fits cannot act in many of these cases.

When an excitation coming from some peripheric nerve produces in the cerebro-spinal axis the change of nutrition which causes epilepsy, it is very likely that this excitation sometimes, if not always, acts otherwise than by producing a contraction of some bloodvessels. Whether this action is like those due to electricity or not, we cannot tell, but we think that an opinion which we had held for

* The same thing sometimes occurs in man. In a case of fracture of the spine, recorded by Dr. Knapp (N. Y. Journal of Medicine, Sept., 1851, p. 198), there was paralysis of the abdominal limbs. A month after the accident, there were slight spasms in those limbs; in four months, the spasms became violent; on exposure to the cold air, or to a sudden touch, the muscles were thrown into the most violent agitation.

many years with Donders, and some other physiologists,* must be modified. This opinion is that all the nervous influences on nutrition, secretion, &c., either direct or by reflex action, act only in causing contractions or paralytic dilatations of bloodvessels. This view, which has been criticised with much ability by Prof. James Paget, in his admirable lectures on nutrition and on inflammation, seems to have been proved to be too absolute by the important researches of Prof. Ludwig and his pupils (see *Physiol. des Menschen*, von Donders, vol. i., p. 187–9, 1856), which appear to establish positively that there is another mode of influence of the nervous system, at least on certain glands; an influence resembling that possessed by electricity in causing chemical combinations or decompositions.†

2d. The changes produced in peripheric parts, rendering them able to excite fits of epilepsy, consist more in alterations in the nature of the excitations that may spring from peripheric nerves than from an increase in the felt excitations coming from these nerves. We have shown already that in our animals the skin is not more sensitive in the parts of the face which are capable of exciting fits than in the other parts of the face which have not that power (see § IV). In man, as we have also shown elsewhere (see § XI.) it is to the nature of the excitation, and not to the degree of the pain, springing from some peripheric nerve, that we must attribute the production of the fits. The fact that excitations, starting from the periphery and causing fits, may not be felt, and the fact that when there are sensations accompanying these unfelt excitations, they may vary as to their kind, and sometimes be very feeble, certainly are important arguments to show that the real exciting cause of the fit is something which is not felt. If the term *aura epileptica* had not been employed already to express the sensations which accompany the excitation of the fits, it would be well to employ it to name the unfelt excitation which is the real exciting cause.

In inquiring into the nature of the unfelt aura, we find that very probably it is nothing but a violent excitation originating in the excito-motory nerve-fibres. Dr. Marshall Hall and Mr. Grainger have long ago imagined that there are nerve-fibres which are employed in reflex actions, and not in sensations and in voluntary movements; but they did not adduce direct facts to prove the correctness of their views. I have found many facts which seem to give

* Prof. Claude Bernard, in announcing recently his important discovery of the substance which in the liver gives origin to sugar, expresses himself very strongly in favor of this opinion. (*Gaz. Med. de Paris*, 1857, p. 202.)

† We still maintain, however, as we have done for many years, that the influence of the nervous system on nutrition and secretion, either direct or reflex, is in a great measure due to the influence of nerves on the muscular layer of the bloodvessels. Even galvanism, in improving nutrition, we have proved to act partly in this way; it contracts the bloodvessels, and in so doing diminishes circulation and warmth. But after a certain time of violent contraction, the bloodvessels become paralyzed and dilated, so that more blood passes through them, and the temperature and nutrition are increased.

the proofs hitherto needed that there are nerve-fibres which are employed in exciting reflex actions, and which are neither sensitive nor capable of transmitting sensitive impressions to the encephalon. I have found also, that the excito-motory power, like the sensibility of nerves, varies in different parts of their length (see my *Experimental Researches applied to Physiology and Pathology*, New York, 1853, p. 98), and also in the same part, according to various circumstances.

[To be continued.]

NEGLECT OF MEDICAL TREATMENT BY PARENTS AND GUARDIANS.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—My knowledge of the medical jurisprudence of this country being very limited, and perhaps the knowledge of the full extent of the *rights* of a free citizen of this great republic sufficiently so, to make me a very incompetent judge in such matters, I should be very thankful for any information on a subject which has been a source of serious reflection to me from the time I first came to this country, and more so recently, where cases have come under my observation which I find it difficult to comprehend.

I know the laws of the country condemn and punish (or, at least, several judicial decisions have done so) a surgeon for malpractice, no matter if the damage done may have arisen from negligence, or from want of skill, on the part of the surgeon; but what laws are there, I should like to know, to prevent parents and guardians from, or punish them for, killing their children by *the same neglect*, in not providing for them competent medical attendance; or by the want of that skill in treating diseases which they are presumptuous enough to think *themselves* possessed of, or of which they boast themselves? You will probably ask me here for an answer to this question, viz., "Have the children you have in mind, been neglected or mal-treated *for the purpose* of destroying their lives?" I must conscientiously answer in the negative. There was, in the case I allude to, certainly *no such intention;* but, on the other hand, I cannot with the same conscientiousness say, that the negligence or mal-treatment was an *accidental* one, but *purposely* and *willingly* committed.

I will give you the cases as they are, withholding names.

Within the space of about a month, there died in a family in my neighborhood, two children; and both, as the reports ran amongst the neighbors, were "very sick indeed;" but this was about all that could be ascertained by any one; for, what actually "ailed" the children, no one was able to find out, there being no physician in attendance; but some of the members of the family,

which treated both cases, were, as I understood, of the opinion that there was no necessity to take the trouble of ascertaining the nature of any disease, treated according to their rules; for, the therapeutical apparatus (cold water) remaining, in all cases, and under whatever circumstances, the same uniform rolling-up in sheets dipped in cold water; "cold water inside—cold water outside." Pretty theory that, and still prettier practice! Well, both children died without any other medical attendance, except that, a day or two previous to the death of each, a physician was called in, merely for the sake of confirming them in the sad conclusion they had at last formed, viz., that nothing *more* could be done to save the lives of their children (had *anything* been done which could promise such a result?)—and then these parents could feel fully satisfied as to having done their duty! The disease then prevailing in that part of the town where the family resides, proved to be scarlet fever; but it showed itself, in the generality of the cases, very mild in its appearance, as well as in its progress and termination, so that in the first few cases I saw, I could hardly make up my mind to call the disorder by a name reasonably dreaded as one of the most fearful scourges; and certainly it did not appear in its malignant form, as none of the cases in this town proved fatal, except these two *maltreated* ones (if at all they can be counted amongst them, for which no proper evidence exists). Out of all the different humbugs charlatans have got up for the benefit of suffering mankind (I almost had said suffering fools), hydropathy and homœopathy are decidedly the *cheapest*, and this in both senses of the word—and to spare a doctor's bill, goes far with some persons; with others, again, the more absurd a thing, the better they like it. I abstain from making any further comments on the subject, and leave it with you to make use of what I have said, or not. Yours, &c., EDWARD SEYFFARTH, M.D.

Rindge, N. H., July 27th, 1857.

[There is much reason and common sense in the remarks of our correspondent. Self-medicating persons often incur the risk of committing suicide, and doubtless often die by their own hand. Those, again, who profess to cure the sick, without being competent to practise medicine and surgery, are constantly liable to perpetrate murder. Both classes are virtually *lunatics;* and the community is entitled to protection against their acts, as against other dangerous practices, of whatever nature.

We differ from our correspondent in his opinion upon hydropathic and homœopathic practice. He terms these methods "cheap;" in one sense, only, are they so; *i. e.*, their actual value. It is well known, however, that their practitioners demand and obtain most exorbitant fees; and those who employ them must find them decidedly *dear*, in the mercantile sense of that term.—EDITORS.]

ON THE REMEDY OF STRICTURE BY EXTERNAL INCISION.

BY JAMES SYME, ESQ., PROFESSOR OF CLINICAL SURGERY IN THE UNIVERSITY OF EDINBURGH.

THE treatment of stricture by external incision being now established as the proper remedy for cases that prove incurable by dilatation, it is no longer necessary for me to notice the misrepresentations and falsehoods with which this proposal was originally assailed, and which are still employed, through the medium of advertisements, to deter patients from obtaining the relief that has been placed within their reach. The members of my profession may now anticipate the judgment of posterity; and, if they do not give credit for promoting improvement, will, I trust, at all events regard with indignation the efforts of those who, for their own unworthy purposes, have endeavored to retard it. But there are some points of practical importance that required time and extensive observation for their complete elucidation, in respect to which I beg to offer the following observations.

One of these is the question as to the permanency of relief afforded by incision, which could not be satisfactorily answered at an early period of this procedure. The first case in which I divided a stricture at the bulb, was the most obstinate and distressing that has ever fallen under my observation. It had existed twenty years, and resisted all the then known means of remedy, until the patient, wasted to a shadow, longed for death as the only termination of his sufferings. But this gentleman has now, for fifteen years, enjoyed the most exuberant health, and never required the introduction of a bougie. Other cases, of an equally encouraging character, originally led me to believe that the operation would always prove equally effectual, so as to render unnecessary any further treatment; and when, contrary to my expectation, relapses afterward occasionally occurred, I attributed them to some imperfection in the process, either as to the performance or the subsequent management. The bad results of cutting without a guide, although most unfairly attributed to my procedure, had, of course, no bearing on the question; but I thought that, even when the operation was performed upon proper principles, its effect might vary with the extent of incision through the urethra, the mode of healing, by adhesion or granulation, and the care that was taken to maintain dilatation during the period of recovery. Without going into the details of many trials and observations that were made to ascertain the truth of these surmises, I may state, as their general result, my persuasion, that while the free division of a stricture may afford not only complete but permanent relief, without the employment of bougies subsequent to recovery, it is not possible, by any modification of the process or treatment, to insure against all tendency to future contraction. On the other hand, it has been satisfactorily ascertained that the simple precaution of passing a full-sized

instrument occasionally, as once in two or three months, will effectually prevent any risk of relapse; and as, when the canal is free from obstruction, the patient may readily do this for himself without the slightest difficulty or danger, the permanency of relief may thus be secured at the expense of very little inconvenience.

Many people have been deterred from adopting my proposal by the theoretical objection, that a wound of the urethra, like one of the skin, must heal either by adhesion or granulation, so as, in the former case, to restore the old contraction, and, in the latter, to form another of perhaps greater firmness by the resulting cicatrix. But, next to statistics, analogy is the most misleading guide to good surgical practice, and, in the words of an old writer, "one grain of fact is worth a pound of reasoning," as is well shown in regard to the question at present under consideration. For no one can now deny, that the most tightly contracted urethra has remained perfectly patent after division of the stricture, so as to permit the exit of urine and introduction of instruments with the utmost freedom. It has also been found, on examining the bodies of persons who have died several years after the operation, that the canal, so far from being contracted at the part where the disease had existed, was actually wider than natural, and, in respect to the surface or texture of its lining membrane, not distinguishable from the neighboring portion which had been free from derangement. But the most satisfactory information on this part of the subject may be derived from those cases in which the stricture is seated at the very orifice of the urethra, where the effects of division admit of being ascertained beyond the possibility of doubt by actual inspection.

A. B., æt. 34, an engineer in Demerara, had suffered from stricture of the urethra for seven years, and, latterly, so severely, as to leave his employment and return, in quest of relief, to this country, where, for twelve months, it had been attempted by dilatation and caustic, which, so far from alleviating, aggravated the symptoms. He applied to me, a few weeks ago, with hardly any hope of recovery. I found the penis swelled and deformed by abscesses and fistulous openings, of which one was midway between the glans and scrotum, and several were in the glans itself, which allowed the urine to escape as if from a watering-pan. The stricture was seated at the orifice of the urethra, where it formed a dense ring, presenting a small round orifice, which admitted bougies of only the second or third smallest size, and grasped them tightly when withdrawn. From previous acquaintance with similar cases, I knew that a free division of the contracted part would, in all probability, prove an effectual remedy, and therefore accomplished this without delay, by inserting a small bistoury into the canal, and bringing out its point beyond the stricture, on its lower side, near the frænum. Instruments of the largest size could then be introduced without any difficulty, and the only treatment consisted in placing a piece of

lint between the cut edges. Three days after this was done, the patient came to the hospital, declaring that "he felt quite a new man," with the organ nearly natural in regard to form and texture, and all his water passing by the natural channel. Before the end of a week, the wound had healed completely, so that it discharged neither blood nor matter, and, in respect to shape as well as surface, could not be distinguished from the natural orifice of a urethra. In another week he felt so well as to sail for the West Indies.

Now, this case, in the first place, illustrates the unyielding disposition of some strictures to dilatation, since there can be no doubt that, if the contraction, instead of being at the orifice, had existed further back, it would equally have resisted all attempts to remedy it by such means, while their failure might have been attributed to unskilfulness of the operator, which could hardly be supposed when the disease was within view. But the speedy healing of the wound, without either adhesion or contracting cicatrization, affords a still more useful lesson, by showing how the space obtained through incision may remain undiminished, and thus completely answering the argument against division, which has been founded upon the assumed analogy between skin and mucous membrane in respect to the reparation of their wounds.

In originally proposing this method of treating obstinate strictures, I expressed the opinion, that as it could be conducted so as to prevent either hæmorrhage or extravasation of urine, the results of its employment would prove free from danger; and a very large experience now enables me to maintain this persuasion. It is true, that death may occur to the extent of one per cent. or so, just as from any other operative interference, on account of some peculiarly unfavorable condition of the patient; but if the process is conducted in strict accordance with the principles which I have explained, it will be found one of the safest in surgery.

In illustration of the facility with which strictures of the oldest standing are remediable by external incision, I may mention the case of J. B., æt. 56, who was admitted into the hospital on the first of January last. He stated that, upwards of forty years ago, when serving as a drummer-boy in Spain, under the Duke of Wellington, he contracted a gonorrhœa, which was followed by stricture of the passage and progressive annoyance ever since that time. About twenty years ago, being again in Spain as a soldier of the "Legion," he suffered from complete retention of urine, for the relief of which both French and Spanish surgeons endeavored, without success, to introduce instruments. Suppuration in the perinæum then took place, and led to a fistulous opening, through which his water escaped with increasing freedom, until little of it passed through the natural channel. In this state, his life having become very uncomfortable, he applied to me. At the second or third attempt, I succeeded in passing a small bougie into the bladder, so

as to make way for the grooved director, upon which I divided the stricture on the 7th of January. On the 9th, the catheter was removed. On the 13th, the urine passed in equal portions by the wound and by the urethra. On the 28th, it had entirely resumed its proper course, and the patient felt completely free from his complaint of forty-two years' duration.—*Edinburgh Med. Journal.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 6, 1857.

THE BOURBON-WHISKEY TRAFFIC.

The sanctioning of the use of alcoholic stimuli as remedies, is, or should be, always a well-weighed point with physicians. That there are numerous instances in which these stimuli are indispensable, cannot be disputed. It will be difficult, we believe, to convince medical men that *tinctures* should be ostracised, because alcohol is necessary to their preparation, notwithstanding the high authorities which have advocated, and doubtless would still advise such a course. It must, however, be a frequent question how far their administration is safe, and the habits and inclinations of patients, when ascertainable, should decide the practitioner as to the propriety of their use. It is certainly desirable amongst the recipients of a public charity, as in Dispensary practice, to avoid the use of alcoholic preparations whenever practicable; or at least to so combine them that no particular fascination shall lead to a sort of authorized, medical dram-drinking. Of course, with patients of another class, the discretion of the medical attendant is generally a safe guide.

It may reasonably inspire apprehension, however, when the sudden *prestige* lately attached to the use of corn-whiskey opens such facilities to intemperance under the guise of medication. Were the consumption of this article measured by the orders of physicians alone, we should have no fear of its abuse. But what shall hinder any one, whether capable of controlling his appetites or not, from testing, *in propria persona*, the numerous samples of "old and genuine Bourbon whiskey," recommended by such or such a physician, and endorsed by the most reliable chemical authority? How many will suddenly become very "pulmonary," or else be stricken with "general debility," and, prescribing for themselves, gradually establish a habit of whiskey-drinking which may ruin them?

The well-worded advertisements which inform the public generally, and whiskey-lovers in particular, where the veriest, truest and most undoubted spiritual effluence of this sort can be obtained, have multiplied with marvellous rapidity of late. Grocers and druggists, in pleasant union, placard the fact with such unction and on such disinterested grounds—it being all to further the health of the community—that it is really delightful to witness their persistent efforts. Yet there are, still, many persons obstinately stupid enough to doubt whether we really have (in this sense) "a Bourbon amongst us."

Nay, there are those who have the impudence to assert that not one person in one hundred can tell the difference between Bourbon whiskey and Monongahela. We incline strongly to the belief, ourselves.

Seriously, we presume few are so innocent as to believe that all the liquor purporting to be Bourbon whiskey, comes to us from Bourbon County, Kentucky. It is well known that gallons upon gallons of this, and of other "warranted-genuine" liquors and wines, are fabricated at our very doors. Many of these factitious specimens will defy detection—an assertion which even experts will ratify. The revelations which *might* be made, here, similar to such as have been already made elsewhere, would startle the most incredulous. Brandy has, we believe, been hitherto the most available liquor for the maker, or rather the re-vamper; but we question whether the wholesale recommendation of the new potation does not furnish even a more potent key to private gain, regardless of public good.

It is not to be denied that, in certain instances, the use of whiskey, in proper quantity, and by medical advice, has been of service. We are cognizant of a few such cases, and have heard like testimony from others. It is, however, unfortunate that a means which has an overweening attraction for too many, should be placed so freely within the power of the undiscriminating and the reckless; there are grog-shops enough, without increasing the number. It is true that it is desirable to be able to obtain a genuine quality of this sort of whiskey, and we do not doubt that certain of those who advertise it, *believe*, at any rate, that they get it. It would be better, notwithstanding, that they should make it known quietly, to physicians, than that they should give it too great publicity, whether by advertising or by label.

Another crying evil is the constant and *general* endorsement of this liquor, *ad infinitum*, by professed chemists and assayers. A State Assayer, it is true, is obliged to analyze samples sent to him, to state their component parts, and to testify to their innocuous nature; but how liable is this to be taken advantage of? Without impugning any one, we must insist upon the danger of endorsing anything *beyond the sample submitted*. Supposing *that* to be unexceptionable, who shall guarantee *the next* as precisely the same? So with future specimens; all must rest upon the good faith of the dealer. We know there are those whose word alone is sufficient assurance for the genuineness of whatever they sell—but there are also those whose word is not thus reliable, and nearly every one can pay an assayer's fee. The use which is often made of the expert's name and influence, is too frequently an improper one; should not some check be devised for this evil, which we feel certain must, on reflection, be as much deplored by the certifying party, as by any one else?

In conclusion, let those given to self-medication, or to popular potation, consider the risks they incur. About one chance in a hundred of getting what is genuine; the liability, even with good whiskey, of mistaking their case, and taking exactly what they ought not; the formation of a taste for strong drink, which finally will be too imperious to resist, and the induction of those countless evils which follow in its train. The present enormous consumption of whiskey is, partially, a new phase of that prevailing insanity which we lately noticed under the title of Self-medication *alias* Self-destruction; it is also the expression of that avidity with which many who are restrained from

drinking spirits to excess in other ways, avail themselves of a hygienic plea for their favorite indulgence. We should be sorry to have the present unrestricted and increasing traffic in whiskey, which received its first impulse through taking a wrong advantage of its use in medicine, raise up a generation of drunkards. "Strong drink is raging, and whosoever is deceived thereby is not wise."

MEETING OF THE MASSACHUSETTS MEDICAL BENEVOLENT SOCIETY.

BUSINESS MEETING.

THE first annual meeting of this Society was held on Thursday, July 30th. The cordial interest with which the profession have regarded the new organization, was denoted by the large number of members, from all parts of the Commonwealth, who were added to the Society by election at this meeting.

The old Board of officers was re-elected.

The Treasurer announced the addition to the Fund, of a donation of *five hundred dollars*, from the Executors of the estate of the late Thos. Dowse, of Cambridge. The letter accompanying this munificent donation, expressed, in a most felicitous manner, the feelings of gratitude entertained by Mr. Dowse towards his medical attendants. The value of the gift was truly enhanced by the terms of graceful compliment to the profession in which it was conveyed.

SOCIAL MEETING.

In the evening the Society re-assembled at the Revere House. Dr. Hayward, the President of the Society, being absent in Europe, the members were welcomed to the festive board by Dr. Lyman, the Vice President.

Any attempt to report the sparkling cordiality of the proceedings at the entertainment, would be futile. But we may mention the following, among the large number of sentiments elicited by the occasion.

"*The Student of Nature* and *Disease*—Culling and analyzing many flowers, not described in the Medical Botany, to present them, sparkling with the dew-drops of his wit, on the altars of benevolence and good fellowship."

It is needless to say more than that Dr. Bigelow responded in his happiest vein.

"*Our Poet laureate*—The lyric inspirations of his genius have cheered many a *youthful* aspirant;—we thank him for the benignant beams with which he illumines the *declining day* of the *unfortunate* colleague."

Dr. Holmes responded by producing copies of verses composed for the occasion. These were distributed, and the song was then sung, with delightful effect, by a glee club constituted on the spot, under the leadership of Dr. Read; the members joining in the chorus.

The relations of the learned professions, and their obligations to reciprocate kind offices of sympathy and protection, were illustrated, with his usual graceful eloquence, by Hon. George S. Hillard.

Space will not allow of the mention, in detail, of all the brilliant and appropriate sentiments and responses which made the hours pass only too swiftly. Among them, none were appreciated by more attentive ears, or welcomed with heartier applause, than the humorous poem of Dr. Bigelow, crowded as it was with apt allusions, and the second contribution, by Dr. Holmes, of impromptu stanzas, glowing with the sentiments of warmest friendship.

Dr. Channing fully sustained his high reputation in accomplishing a good deliverance. Members from various parts of the Commonwealth vied with each other in contributing to the enjoyments of the occasion. The fine performances of the M.D.'s (Doctors of Music), at intervals during the evening, added another charm to the banquet.

The name of Thomas Dowse was not forgotten.

At a late hour the members parted, first singing, for the second time, the beautiful lines composed by Dr. Holmes; and afterward uniting, with joined hands, in "Auld Lang Syne."

THE ACADEMY OF SCIENCE OF ST. LOUIS.

This Association was organized a little more than a year since, and judging from the first number of its "Transactions" which has been forwarded to us, it is destined to hold a high rank among the scientific bodies of America. We know of no city in the Union in which the relations between the medical profession and the public are of so healthy and satisfactory a character as they are in St. Louis; and hence we are not surprised to learn that a society of this character, composed chiefly of medical men, should be well sustained by the wealthy portion of the community. The object of the Association, as stated in its constitution, is the promotion of the physical sciences, embracing zoology, geology, mineralogy, palæontology, ethnology (especially that of the aboriginal tribes of North America), chemistry, physics, mathematics, meteorology, and comparative anatomy and physiology. An enumeration of the contents of the volume will convey an idea of the spirit with which the members of the Association labor for the advancement of science:

I. On some new species of fossils from the cretaceous formation of Nebraska; by John Evans, M.D., and B. F. Shumard, M.D.

II. Description of a new species of productus, from the carboniferous limestone of St. Louis; by Hiram A. Prout, M.D.

III. Observations on glycerine; by James Schiel, M.D.

IV. Phyllotaxis, its numeric and divergential law, explicable under a simple organological idea; by T. C. Hilgard, M.D.

V. Mastodon remains in the State of Missouri, together with evidence of the existence of man contemporaneously with the mastodon; by Dr. Albert C. Koch.

VI. Notice of a burnt brick from the ruins of Nineveh; by Prof. G. Seyffarth.

VII. Indian stone graves in Illinois; by A. Wislizenius, M.D.

VIII. Description of new fossil crinoidea from the palæozoic rocks of the Western and Southern portions of the United States; by B. F. Shumard, M.D.

IX. Belcher & Brother's artesian well; by A. Litton, M.D.

These papers are all interesting, and many of them are illustrated by excellent engravings. We learn from Dr. Litton's paper, that the artesian well which was sunk in St. Louis for the purpose of supplying water for a sugar refinery, reached, in 1854, the depth of 2199 feet, the actual time employed upon it having been thirty-three months, and the cost $10,000. The depth of the celebrated well at Grenelle, near Paris, is 1797 feet, which required eight years for completion, at a cost of over $30,000. Unfortunately the water of the well at St. Louis is so impregnated with sulphuretted hydrogen that it is unfit for use.

We look with confidence to the success of the St. Louis Academy of Science, and to the beneficial influence it will exert upon medicine and the kindred sciences.

POPULAR MEDICINES—THEIR SUPPORTERS.

Those who are the life of patent medicines are chiefly of two classes—the deceivers and the deceived. The former consist of the compounders of the empirical preparations and of the still more culpable trumpeters of them, whether through the medium of newspapers or by publishing the discreditable productions termed "Guides," or otherwise variously entitled—but always *ad captandum*. The second class, the swallowers of the unknown preparations so freely and wickedly endorsed by men of influence in the community, aid the sale, and consequently increase the mischief, by their personal gallant devotion to the cause, even to the death.

"Let those laugh who win," is the motto for the fabricators, the dealers, the advertisers, and the puffers of patent and secret medicines; but the record that is made of every bottle or box as "sold" in the books of the proprietors, might, with another and well-understood interpretation, be inscribed upon the deluded consumers, individually. These deserve the pity of the enlightened and conscientious, and ought also to have the protection of the law. The deceivers, of whatever social grade, merit and should receive the denunciation of all honorable men.

The shifts to which mere trading in *nostrums* impels the money-getter, *should* be repugnant and utterly foreign to the high-minded, honest man. In so far, therefore, as any one reputed such, panders to them, he places himself on a level with that sordid and reckless temperament which "will do anything for money." There is a responsibility unhesitatingly assumed by persons in high social position in this and other cities, by giving their names and certificates in favor of medical compounds of unknown composition, which is positively tremendous. Yet they seem incapable of realizing it. They do not apparently understand that they are thus often recommending an article which is not what it purports to be, and so are virtually sanctioning the obtaining of money by false pretences—or that, if the preparation be beneficial in a certain number of instances, it may be wholly the opposite in others, and therefore those who recommend it may aid in its injurious or even deadly effects upon persons who have used it because of *their* certificates.

The chief offence against all justice and propriety, constantly escapes the recognition of these friends of the community; viz., that they are nearly always endorsing an article or a preparation to them wholly unknown, both in its composition and its effects on the human economy. How preposterous is this—what a crime against their fellow-men—the like *could not* happen in the business relations of these very people. They and all others would laugh at the monstrous assumption which would advise the use of material or machinery of which they knew nothing, either as to its preparation or working. Verily, "consistency *is* a jewel," and "*suum cuique*" an excellent motto!

We lately alluded to the paltry trick of a partial or pretended candor in disclosing the composition and ingredients of a previously wholly secret medicine, and thus endeavoring to throw off the just

odium originally attaching to it. This is an "artful dodge," but it will hardly pass with those who know the ropes. For instance, how does the proprietor of the "Peruvian Syrup," in his late plausibly-constructed circular and label, make known the ingredients of his mixture? With a most ingenuous profession of readiness to do this (as we have been assured by certain of his friends, and as the new title of his preparation might at first lead the unprofessional to suppose), how far is it effected? We are informed, in bold type, that these bottles contain the "protected solution of the protoxide of iron combined"—combined *with what?* It was supposed, on the first appearance of this medicine, that iron was one of the main ingredients, if not the chief, and this was soon after admitted; how much further insight has the candid proprietor given, either to the profession or the public, into its mysteries? Doubtless the iron is the thing which imparts potency to the remedy whenever it is efficacious—the other ingredients being of service, and very likely essentially so, in "combining" or acting as a vehicle. The announcement of the presence of iron in the "Syrup," however, and of the effective way in which it is suspended and guarded from change, does not justify the statement from scientific authority, acknowledged to be of the highest, that the use of the medicine may well supersede all other preparations of iron—citrates, tartrates, proto-carbonates, &c.

Should not the educated, the scientific, the honorable, of whatever calling, be more cautious how they advance the sale of secret preparations? If a medicine is reliable, and its component parts are honorably made known to the profession, it will receive from the latter all the encouragement which it merits; and were this elevated course oftener taken, the proprietors of such preparations would realize, in the end, many times the amount they now receive.

Resignation of Dr. Huston.—We notice that Prof. R. M. Huston has resigned the chair of Materia Medica which he has so long filled in the Jefferson Medical College.

Health of the City.—Scarlatina still prevails to a considerable extent in Boston, having destroyed more victims than any other disease during the last week. The complaints incident to the season are beginning to show themselves. We notice 7 deaths from cholera infantum, and 4 from dysentery. During the corresponding week of last year, out of a total of 98, there were 17 from cholera infantum, 6 from "sun-stroke," 7 from scarlatina. The number of deaths from consumption was alike in each week, 10.

Communications Received.—Case of Poisoning by Paregoric.—Arsenic and Stillingia in Diseases of the Skin.

Books and Pamphlets received.—A Manual of Business and Guide to Success. (From Fowler & Wells.)—A Claim to Priority in the Discovery and Naming of the Excito-Secretory System of Nerves, by Henry Frazer Cambell, M.D.

DIED,—In Montpelier, Vt., 24th ult., Edw. Mulliken, M.D., 29 1-2 years—a graduate of Harvard, class 1846.

Deaths in Boston for the week ending Saturday noon, August 1st, 74. Males, 37—Females, 37.—Accident, 1—apoplexy, 1—inflammation of the bowels, 3—burns, 1—congestion of the brain, 2—softening of the brain, 1—consumption, 10—cholera infantum, 7—croup, 1—dysentery, 4—dropsy, 2—dropsy in the head, 1—drowned, 1—debility, 4—infantile diseases, 8—scarlet fever, 11—disease of the heart, 2—intemperance, 1—inflammation of the lungs, 2—disease of the liver, 1—marasmus, 2—pleurisy, 1—suicide, 1—teething, 3—unknown, 1—whooping cough, 2.

Under 5 years, 37—between 5 and 20 years, 9—between 20 and 40 years, 9—between 40 and 60 years, 12—above 60 years, 7. Born in the United States, 55—Ireland, 17—other places, 2.

Bony Union after Fracture of the Cervix Femoris within the Capsule.—T. Bryant, Esq., exhibited to the Pathological Society of London (Feb. 3, 1857) a specimen of this, which is worthy of note in connection with the valuable paper by Prof. Mussey, inserted in our preceding number.

"Mary H., aged 60, a lunatic inmate of the asylum at Guy's Hospital, five years ago, when walking in the garden, fell and fractured her right thigh-bone. All the symptoms of fracture of the neck of the femur within the capsule were present, clearly indicating the character of the injury. A long splint was applied; but much difficulty was experienced in preserving the leg in the right position, from restlessness of the patient. After some weeks' confinement she was allowed to sit up, but her health soon began to fail, and she never walked again, and on June 30 she died. The specimens shown consisted of the upper parts of both thigh-bones. On the injured side union was complete, and had partly been effected by bone, partly by cartilage, and in part by fibrous tissue. The whole of the neck had been absorbed, and the articular head was united directly to the base of the great trochanter. The union was very firm, and the head of the bone was much indurated."—*American Journal of Med. Sciences from British Medical Journal.*

Lunatic Seamen.—In accordance with the opinion that the pursuits of lunatics should be similar to their pursuits in former days, the south wing of Haslar Hospital is devoted to the officers, seamen and marines of Her Majesty's fleet who are afflicted with insanity. Every window of the building commands a fine view of Spithead and the Isle of Wight, and here the old Salts can sit and watch the splendid panorama crowded with vessels, and active with that nautical life which recalls so many happy associations to their minds. They form fishing parties, make nets, and go on pleasure excursions in row and sailing craft. The "mad-man's boat" of eight oars, manned by patients and steered by an attendant, is well known to the sailors on the Solent; and so harmless are they considered, that young ladies often accompany them on trips to the Isle of Wight, implicitly trusting to their seamanship and politeness.—*Quarterly Review.*

Appointments.—Dr. S. G. Armor, late Professor of Pathology and Clinical Medicine in the Medical College of Ohio, has been elected to the same chair in the Missouri Medical College, of St. Louis. We learn that he has accepted the appointment, and will make St. Louis his future home.—Dr. W. T. Gairdner, as we learn from the *London Lancet*, has been appointed one of the medical examiners in the University of St. Andrews.

Buffalo General Hospital.—It is with much pleasure that we announce that the workmen are already engaged upon one wing of this new hospital. It is intended to open it for patients during the coming fall or winter. This new institution will add largely to the already excellent clinical advantages of Buffalo. The edifice is situated on High street, about a quarter of a mile from the college. It is intended to be a model building for its purposes.—*Buffalo Medical Journal.*

Wutzer's Operation for the Radical Reduction of Hernia.—This operation was successfully performed on the 9th of March last, on a patient in the Commercial Hospital, by Prof. Geo. C. Blackman. The instrument was kept applied for six days, with but little suffering to the patient, and Dr. B. satisfied himself three weeks after the operation that the canal was completely closed.—*Western Lancet.*

Prophylaxis of Puerperal Fever.—It is recommended by a French physician to administer quinine and subcarbonate of iron to lying-in women, who are exposed to the contagion of puerperal fever. He prescribes it—eight grains of the former and thirty grains of the latter—daily.—*Medical Independent.*

Chloroform in Seasickness.—It is said to have been discovered that chloroform in doses of ten to twelve drops, repeated as occasion requires, is a specific for seasickness. Out of twenty passengers, eighteen were cured by a single dose, and the two others by two doses each.—*Memphis Medical Recorder.*

Vomiting in Pregnancy.—Dr. C. T. Quintard succeeded in checking obstinate vomiting in a pregnant woman by cauterizing the fauces freely with a fifteen-grain solution of the nitrate of silver.—*Southern Med. and Surg. Journal.*